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HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
RYAN SEBOLT
DEB NOLAN
BRIAN McGRAIN
SARAH ANTHONY
TERI BANAS
ROBIN CASE NAEYAERT

INGHAM COUNTY BOARD OF COMMISSIONERS

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THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, JUNE 5, 2017 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order

Approval of the [May 15, 2017](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Health Department
 - a. Resolution to [Amend Resolution #15-325](#) to Adjust the Amount Authorized for Contractual Services with Michigan Public Health Institute
 - b. Resolution Honoring [Mary Ashley](#)
 - c. Resolution to Authorize the [Reorganization](#) of the Ingham County Health Department Community Health Centers
 - d. Power of We [Coordinator Position](#) (*Discussion*)
2. Medical Care Facility
 - a. Resolution of Intent to Issue [Bonds](#) for the Renovation and Expansion of the Medical Care Facility
 - b. Resolution to [Amend Resolution #15-79](#) Authorizing Expansion and Renovation of the Ingham County Medical Care Facility
3. Special Transportation Millage
 - a. Resolution Authorizing the [Second Amendment](#) to the Agreement with the Capital Area Transportation Authority Dated January 1, 2016 through December 31, 2020
4. Community Agencies – Resolution Approving Criteria for Evaluating [2018 Applications](#) for Community Agency Funding
5. Human Services Committee – Greater Lansing Homeless Resolution Network [Board Position](#) (*Discussion*)

Announcements

Public Comment

Adjournment

**PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES
OR SET TO MUTE OR VIBRATE TO AVOID
DISRUPTION DURING THE MEETING**

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at www.ingham.org.

HUMAN SERVICES COMMITTEE AND
INGHAM COMMUNITY HEALTH CENTER BOARD

May 15, 2017

Draft Minutes

Human Services Committee

Members Present: Tennis, Sebolt, McGrain, Naeyaert, Nolan (arrived at 6:04 p.m.) and Banas

Members Absent: Anthony

Ingham Community Health Center Board Membership Committee

Members Present: Todd Heywood, and Mary Molloy

Members Absent: None.

Others Present: Jennifer Hanna, Therese Enders, Elizabeth Hertel, Sam Ingot, Thomas Mee, Daniel Black, Anshu Varma, Sara Jackson, Brockton Feltman, Kathy Kacynski, Russ Kolski, Tim Dolehanty, Liz Kane, and others

The meeting was called to order by Chairperson Tennis at 5:32 p.m. in Personnel Conference Room "A" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Todd Heywood, Chair of Membership Committee of CHC Board, introduced the Community Health Center and outlined the duties and mission of the CHC Board.

Additions to the Agenda

None.

Limited Public Comment

None.

1. Interviews – Community Health Center Board

Jennifer Hanna interviewed for a position on the Ingham County Community Health Center Board.

Therese Enders interviewed for a position on the Ingham County Community Health Center Board.

Elizabeth Hertel interviewed for a position on the Ingham County Community Health Center Board.

Sam Ingot interviewed for a position on the Ingham County Community Health Center Board.

Daniel Black interviewed for a position on the Ingham County Community Health Center Board.

Brockton Feltman interviewed for a position on the Ingham County Community Health Center Board.

Anshu Varma interviewed for a position on the Ingham County Community Health Center Board.

Sara Jackson interviewed for a position on the Ingham County Community Health Center Board.

Thomas Mee arrived at 6:02 p.m.

Thomas Mee interviewed for a position on the Ingham County Community Health Center Board.

Commissioner Nolan arrived at 6:04 p.m.

A discussion ensued about the current vacancies and requirements of the board.

MOVED BY MS. MOLLOY, SUPPORTED BY MR. HEYWOOD, TO APPOINT JENNIFER HANNA, THERESE ENDERS, ELIZABETH HERTEL, SAM INGLOT, THOMAS MEE, DANIEL BLACK, ANSHU VARMA, AND SARA JACKSON TO THE INGHAM COUNTY COMMUNITY HEALTH CENTER BOARD.

THE MOTION CARRIED UNANIMOUSLY.

MOVED BY COMM. BANAS, SUPPORTED BY COMM. NAEYAERT, TO APPROVE THE RECOMMENDATIONS MADE BY THE CHC MEMBERSHIP COMMITTEE TO THE INGHAM COMMUNITY HEALTH CENTER BOARD.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony

Commissioner Naeyaert thanked the applicants and noted their interests and backgrounds aligned well with the CHC Board.

Commissioner Banas thanked the applicants and stated she was impressed with their interests and skills.

Commissioner McGrain thanked the applicants and stated he was excited to have them and their skills on the Board.

Russ Kolski, Ingham County Health Department Executive Director, introduced himself to the new members of the CHC Board.

Announcements

None.

Public Comment

None.

Recess

Chairperson Tennis recessed the meeting at 6:22 p.m. until the Human Services Committee meeting.

HUMAN SERVICES COMMITTEE

May 15, 2017

Draft Minutes

Members Present: Tennis, Sebolt, McGrain, Banas, Nolan, and Naeyaert

Members Absent: Anthony

Others Present: Russ Kolski, Sally Auer, Kathy Kacynski, Jane Southwell, Dawn Smith, John Karebian, Daniel Black, Tim Dolehanty, Liz Kane, and others

The Human Services Committee meeting was called back to order from the recessed joint session held with the Community Health Center Board, by Chairperson Tennis at 6:32 p.m. in Personnel Conference Room "A" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the April 17, 2017 Minutes

WITHOUT OBJECTION, CHAIRPERSON TENNIS RECOGNIZED THAT THE MINUTES OF THE APRIL 17, 2017 HUMAN SERVICES COMMITTEE MEETING WERE APPROVED AS PRESENTED. Absent: Commissioner Anthony

Additions to the Agenda

None.

Limited Public Comment

Kathy Kacynski, Michigan Nurses Association Bargaining Unit President and Ingham Community Health Center RN, distributed and read a letter to the Committee regarding the Michigan Nurses Association's opposition to the Community Health Centers Reorganization Plan. She stated that she was told that instead of the MNA having a meeting with Health Department administration as it was scheduled for May 23, 2017, the plan for reorganization that the MNA opposed was going forward and their meeting was cancelled.

Ms. Kacynski also distributed and read a letter she wrote as a private Ingham County resident in opposition to the Community Health Centers Reorganization Plan.

Jane Southwell, Ingham Community Health Center RN, stated she was concerned about the current staffing level at the Community Health Centers. She further stated she noticed a lack of response to patients' phone messages, because there was not enough help for the nurses that were remaining at the Community Health Centers.

Chairperson Tennis referred to the clause in the resolution that stated the reorganization was contingent upon the Board of Commissioners' authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA). He asked what the status of that grievance was.

Ms. Kacynski stated the grievance did not come before the Human Services Committee because of the cancellation of their previous meeting. She further stated that there was a tentative agreement for that grievance, but it had not yet been signed by the MNA.

Chairperson Tennis asked if the tentative agreement included the reorganizational changes that were found in the resolution.

Ms. Kacynski stated it did not include the reorganizational changes, and all that was agreed to in the agreement was that RNs would share the medication administration duties with the Medical Assistants after they were properly trained. She further stated she acknowledged there may be a reduction in nursing staff in the future because of shared duties between RNs and MAs, but medication administration was all they had discussed in the agreement.

Ms. Kacynski stated the reorganization plan took them by surprise, and MAs and RNs were not interchangeable.

Commissioner Sebolt stated that the grievance issue would have been an informational item on the May 1, 2017 Human Services agenda, which was then cancelled, because grievances were handled by the County Services Committee.

Chairperson Tennis clarified that the MNA may have been amenable to a gradual shift of staffing from RNs to MAs; however this plan was not what they had agreed to.

Ms. Kacynski stated the reorganization plan was not what they agreed to.

Commissioner Sebolt stated he understood that the reorganizational changes would be done through attrition and would not affect the current RNs.

Ms. Kacynski stated that vacant RN positions had been held open over the last year. She further stated there was anticipation that eventually, MAs would be trained to perform medication administration.

Ms. Kacynski stated that medication administration was a small part of what RNs did, and not all tasks could be delegated to an MA, because they did not have the same legally defined scope of practice, and the level of training and knowledge for MAs varied. She provided an example of the larger skillset RNs had compared to MAs.

Ms. Southwell stated she agreed with Ms. Kacynski's assessment and provided further examples of the benefit of having RNs assess and administer treatments for patients.

Commissioner Nolan stated she understood the grievance had already been taken care of.

Discussion.

Chairperson Tennis stated they would continue the discussion under the action item on the agenda.

Discussion.

Sally Auer, UAW representative, stated she was in support of the proposed reorganization plan. She further stated she acknowledged it was a painful situation to try and make cuts to the budget; however she that she was in favor of eliminating vacant positions as opposed to filled ones.

Ms. Auer stated she had spoken to Russ Kolski, Ingham County Health Department Executive Director, many times and she was never under the impression that Medical Assistants would be doing a RN's duties, other than the medication administration duties that were added to the job description proposal. She further stated that she was not sure where the assertion was that the change in duties would increase the Health Department's liability, because there would be training and certification for the current Medical Assistants, and other health centers already followed a similar model.

Ms. Auer stated once they realized other health centers used a similar model, they set up what the training and compensation for MAs should consist of, including a one-time incentive for current Medical Assistants to take on a new responsibility. She further stated that in hard budget times, everyone had to make changes and possibly cut positions, hopefully positions that did not have people in them.

Ms. Auer stated she did not get the impression from the Health Department that they were wantonly putting patients or the County at risk for liability. She further stated that the Health Department was in charge and the risk was ultimately theirs, even if the Board of Commissioners had to sign off on it.

Ms. Auer stated she had recently learned that MNA employees taking calls at the call center should be UAW employee work, but she decided not to address the situation because everyone needed to figure out how to do more with less in a tough budget year. She further stated she understood that the MNA's bargaining unit was being reduced, however it was the administration's responsibility to address the duties and staffing issues within the appropriate bargaining unit.

Ms. Auer stated the UAW was working with all department heads to minimize the impact of the budget constraints in the coming year. She further stated no one liked to make these decisions, but they needed to be made.

Ms. Auer further stated this proposal would not be on the agenda if the County was not having budget issues. She further stated she would be retiring on July 31, 2017, but would continue to work with any department on how to minimize the impact of the impending budget cuts.

John Karebian, MNA Executive Director, stated this issue was not about saving jobs, or the budget, but it was about the quality of care that was being afforded to the residents in the community, and the patients' safety. He further stated that RNs were the last line of defense for patients and their priority was their patients, so when they came before the Committee to say patients could be in jeopardy, the Committee should listen.

Mr. Karebian stated there were statistics that show the impact of medication errors when there was a lack of RNs in a facility.

Mr. Karebian stated if it was simply about saving money, then the Committee should approve the reorganization, but if they cared about taking care of their patients, then they should reconsider their options.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. MCGRAIN, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

1. Health Department
 - a. Resolution to Authorize Amendment #3 to the 2016-2017 Comprehensive Agreement with the Michigan Department of Community Health
 - b. Resolution Extending the Agreement with Edward W. Sparrow Hospital Association for Provider and Medical Direction Services for Ingham County Health Department Women's Health
 - d. Resolution Honoring Tammy Heilman
2. Facilities – Resolution Awarding a Contract to J.W. Design to Provide Professional Architectural and Engineering Services for Renovating Portions of the Ingham County Health Department
3. Controller's Office – Resolution to Update Various Fees for County Services

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioner Anthony

1. Health Department
 - c. Resolution to Authorize the Reorganization of the Ingham County Health Department Community Health Centers

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. NOLAN, TO APPROVE THE RESOLUTION.

Mr. Kolski introduced how the proposal had come about and explained the current proposal of reorganization before the Committee. He stated that the MNA had consistently disagreed with the health care model that used less RNs in a team of health care providers and they had spoken many times about their disagreements.

Mr. Kolski stated that health care had changed over the years, and the public health model they used before they became a federally supported center was not allowing them to see the amount of patients they now needed to see. He further stated the Community Health Centers were not currently being reimbursed at a level that covered their expenses, and they were trying to prepare a more sustainable model for the future to increase the number of visits with the resources currently available to them.

Mr. Kolski stated he acknowledged that MAs and RNs were not identical, and he wished he did not have to make the change, however their expenses were greater than their revenue and they had not been able to fix it within the current system. He further stated he was not trying to focus on the budgetary portion, but they could not afford the system they had and they needed to have the system driven by reimbursable providers.

Mr. Kolski stated he understood the comparison between hospital safety and primary care safety, in that the responsibility for safety in primary care rested with both the County and the medical provider, and he believed safety could still be ensured with the MAs if they had proper training and direction. He further stated that this would be a gradual transition, and they still had twenty-four RNs in the Health Centers, not counting the seven vacant positions.

Mr. Kolski stated they were not looking to make immediate changes to the staffing structure, and they were not sure how long it would take to transition RN positions to MA positions through attrition. He further stated they would continue to evaluate each position as the vacancy came about and would bring forth staffing changes to the Committee if they needed them in the future.

Commissioner Naeyaert asked if the Nurse Case Manager transitioning to a Medical Assistant would increase the budget.

Mr. Kolski stated the value of the position increased.

Chairperson Tennis clarified the position was going from half-time to full-time.

Mr. Kolski stated that the Finance Department went through the value of all current RN positions and they converted them one-to-one, but an additional position was created out of the exercise. He further stated the Health Department had made the decision not to replace some existing administrative staff, because they were administratively heavy and they could not support them in their current system.

Mr. Kolski stated a retiring administrator's position was converted to a Medical Assistant position, and when a PCMH RN was promoted to a supervisor position, they made the decision not to refill the position. He further stated they were trying to convert administrative positions into direct care positions, to increase the value of the positions.

Commissioner Banas stated she understood that over time the model would include seven fewer RN positions. She asked Mr. Kolski what percentage of the current RN staff that reduction accounted for.

Mr. Kolski stated the resolution called for 5.6 fewer RN positions, out of twenty-nine total positions. He further stated they currently had twenty-four RNs on staff, where three positions had been held open for some time and four had recently become or would soon become vacant.

Commissioner Banas asked if a patient would always see a nurse before they saw a provider at the Health Centers.

Mr. Kolski stated that more often than not, a nurse was part of the care team, but it was dependent on the facility. He provided examples of the duties nurses generally performed at the Health Centers, including injections, discharging and providing education, speaking to patients on the phone, and some intake, all because they had the appropriate medical background to perform those tasks and to understand the information.

Commissioner Banas asked if the ratio would be more generous at the Women's Health and Pediatric centers. She further stated she recalled RNs had the assessment skills, whereas the MAs might not.

Mr. Kolski stated the current proposal did allow for more RNs in the pediatrics area, but he could not recall the numbers in the Women's Health centers. He further stated they were working with Sparrow to hire a new physician that could contractually work in Women's Health, and Sparrow was used to a much more MA-driven practice, as opposed to CHC's current model.

Commissioner Banas clarified that under the new model, RNs would be responsible for a larger population, but the MAs could take care of the more basic tasks to free RNs to do more assessment. She further stated she understood RNs were able to assess, while MAs were more task-driven, and she wanted to make sure CHC did not lose the ability to do assessments where it was most critical.

Mr. Kolski stated that health care models were moving toward more case management by the RNs, however case management was not currently reimbursable by Medicaid in Ingham County. He further stated he hoped that situation would change in the next few years, if that part of the Affordable Care Act stayed in place.

Mr. Kolski stated as they looked at the organization, they tried to assess the needs of each area and distribute nurses where they thought it was optimal. He further stated he could not guarantee that every team would have a nurse available to do assessment, but there would be nurses in every building and in every area and they would evaluate the staffing needs on a case-by-case basis.

Commissioner Sebolt asked if all of the 5.5 positions that would be eliminated were currently vacant.

Mr. Kolski stated that almost all were vacant, and there was one where the person had announced their departure but it may not be vacant yet.

Commissioner Sebolt clarified that 4.5 of the eliminated positions were vacant.

Mr. Kolski stated 5 positions were vacant, and the person in the half-time position had turned in their resignation.

Commissioner Sebolt asked if the twenty-four RNs on staff were trying to compensate for the vacancies.

Mr. Kolski stated they had been clear that the positions had been held vacant, and they had been moving people around to accommodate.

Commissioner Sebolt asked if filling the vacant positions would free up RNs to do other tasks.

Mr. Kolski stated the MAs would be performing different functions than RNs, and there had also been instances where nurses were not working at their highest level and doing tasks that could be done by MAs. He further stated MAs had the ability to room patients because they were trained to do so and they also had the ability to make some assessments, but it was not a simple comparison to make between RNs and MAs.

Mr. Kolski stated that he believed it could be a safe process when the training and protocols were in place, so everyone was working in a standard fashion.

Chairperson Tennis referred to the letters in the packet from Joan Clous, Human Resources Specialist, and Ms. Kacynski, and stated he was under the impression that the MNA was in support of this

reorganization plan. He further stated after hearing the public comment, it was clear this was not the compromise and he did not feel comfortable moving forward with the reorganization.

Chairperson Tennis stated he wanted to know more about what those discussions between the Health Department and MNA had been. He further stated he acknowledged they had put Mr. Kolski and the Health Department in an impossible situation, asking them to both cut their budget and make sure the bargaining units felt supported.

Chairperson Tennis stated he did not feel comfortable going forward when there may be a collective bargaining issue.

Commissioner Nolan referred to the part of the resolution that was contingent upon the Board of Commissioners' authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA). She further stated they were waiting for that settlement.

Mr. Kolski stated that the Board of Commissioners had passed that agreement last week.

Chairperson Tennis stated it did not go through the Human Services Committee.

Discussion.

Chairperson Tennis stated they could have weighed in at the full Board of Commissioners meeting, but it was not addressed.

Commissioner McGrain stated he was also confused about the events that transpired. He further stated he agreed that it was a near-impossible task to quickly make the Health Centers more profitable.

Commissioner McGrain stated he would like to revisit the resolution in two weeks and see what the alternatives to this proposal would be. He further stated he acknowledged they were in an awful spot and would like to see what alternatives there were before moving forward.

Chairperson Tennis stated that the County was facing a dire budget situation next year, and these positions could disappear altogether and not even be converted to MAs. He further stated he wanted the MNA to realize they were facing a dire situation and he hoped they could find a way forward that might be painful, but could be mutually agreeable.

Commissioner McGrain stated he initially thought this was an issue that was dealing with occasional medication passing from RNs to MAs, where now they were completely replacing the RNs with MAs. He further stated he did not realize that was what they were discussing and he would like to table the resolution and further assess the situation.

Commissioner Banas stated she was also in support of tabling the resolution. She further stated she would like more information on alternatives, and how to better engage the public and see more patients at the Health Centers.

Chairperson Tennis clarified that the lack of patients being seen was not due to lack of demand, but because they lacked the providers to see patients. He further stated they did not have the billable providers (Nurse Practitioners, Physician Assistants, and physicians) to handle the load of patients.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. NOLAN, TO TABLE THE RESOLUTION UNTIL THE NEXT SCHEDULED HUMAN SERVICES COMMITTEE MEETING.

THE MOTION TO TABLE THE RESOLUTION CARRIED UNANIMOUSLY. Absent: Commissioner Anthony

Commissioner McGrain requested that staff come back with alternatives to the current plan at the next meeting.

Chairperson Tennis clarified that staff had a directive to present the Committee with ways to save the County money, as they had been doing, and the Board of Commissioners had been fighting those proposed changes. He further stated it needed to be a mutual effort to fix the budget.

Announcements

None.

Public Comment

Dawn Smith, Health Department RN, stated she understood there was a budget crisis and the ways to fix that were to increase revenue or decrease expenses. She further stated she recalled before the merge of Cedar Pediatrics, they saw a lot of patients and made money.

Ms. Smith stated with the merge, they lost three exam rooms and did not have as much space, so they lost the revenue from seeing fewer patients. She further stated they could also increase revenue by having another provider at Cedar Pediatrics.

Ms. Smith stated it was important to have RNs on staff at Cedar Pediatrics, because they gave a lot of immunizations. She related a personal story about an MA that almost administered the incorrect immunization to her child and the MA could not interpret the situation.

Adjournment

The meeting was adjourned at 7:32 p.m.

JUNE 5, 2016 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

1. *Health Department*

- a. *Resolution to Amend Resolution #15-325 to Adjust the Amount Authorized for Contractual Services with Michigan Public Health Institute*

This resolution will increase the amount authorized for the evaluation subcontract with MPHI for the Healthy Start project grant, from \$70,000 to \$75,000. The reason for the increase is that MPHI will now be completing quarterly reports instead of just an annual report. Funds are included in the FY 2017 budget for this purpose.

- b. *Resolution Honoring Mary Ashley*

This resolution honors Mary Ashley for 13 years of dedicated service to the community and for the contributions she has made to Ingham County.

- c. *Resolution to Authorize the Reorganization of the Ingham County Health Department Community Health Centers*

This resolution authorizes a reorganization to achieve a more efficient staffing profile that supports each medical provider position with an appropriate ratio of support staff and centralized services through the conversion of vacant positions and realignment of existing staff. This model can be implemented in ICHC by taking advantage of currently vacant positions, staff retirements, and attrition to maintain high quality of care and allow for improved utilization and customer service.

The proposed reorganization has been evaluated by Human Resources and they have concurred with the recommendations. The proposed reorganization is contingent upon the Board of Commissioners' (BOC) authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA) and the Letter of Understanding with the United Automobile and Agricultural Implement Workers of America (UAW) regarding the change in the Medical Assistants job description to include medication administration. Authorization for this agreement and letter of understanding has already been sent to the BOC for approval. This reorganization will allow ICHD to use available resources to provide needed medical, dental, and behavioral health care to the maximum number of patients in the highest quality manner within a financial framework that supports long-term sustainability.

ICHD will achieve an immediate cost savings of \$33,483 by implementing this reorganization. However, the staffing efficiencies gained through the proposed reorganization will result in more significant savings long term and increased access to care for more underserved county residents. Overall, the proposal will result in added revenue, reduction in historical budget deficits, and improved long-term financial sustainability. The proposed changes are also expected to reduce the overall cost per patient for our existing medical scope of services.

The resolution approves the following position conversion:

Position #	Current Title	New Title
601442	EHR Nurse Trainer	Nurse Clinical Educator

It also authorizes the conversion of existing vacant positions to new Medical Assistant I positions:

Position #	Current Title, Union, Pay Grade, & Max Salary (w/Benefits)	New Title, Union, Pay Grade, & Max Salary (w/Benefits)	Cost Savings
601269	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601430	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601196	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601234	Nurse Assessor, 1.0 FTE MNA 2, \$62,582 (\$97,498 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$27,855)
601451	Nurse Case Manager, 0.5 FTE ICEA PHN 3, \$33,791 (\$52,370 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	\$17,273
601466	PCMH Coordinator, 1.0 FTE MNA 3, \$61,715 (\$86,419 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$16,776)

Finally, it authorizes the following position be established from the cost savings gained through the above mentioned position conversions:

Position #	Current Title, Union, Pay Grade, & Max Salary (w/Benefits)	New Title, Union, Pay Grade, & Max Salary (w/Benefits)	Cost Savings
New	N/A	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	\$69,643

2. Medical Care Facility

- a. *Resolution of Intent to Issue Bonds for the Renovation and Expansion of the Medical Care Facility*
- b. *Resolution to Amend Resolution # 15 – 79 Authorizing Expansion and Renovation of the Ingham County Medical Care Facility*

These resolutions both pertain to the expansion and renovation of the Ingham County Medical Care Facility.

The first resolution amends resolution #15-79 to authorize the renovation and expansion. This resolution is necessary because of a change in the scope of the project, as well as the project cost and amount to be bonded through Ingham County. The attached memorandum from Medical Care Facility Director Mark Stevens provides greater detail.

The second resolution declares the County’s official intent to issue bonds in the aggregate principal amount not to exceed \$10,000,000 to finance the costs of the project. The County will be reimbursed by the Medical Care Facility for all costs associated with the bonds.

The amended expansion and renovation plans of the Medical Care Facility will be implemented at a cost not to exceed \$22,000,000. The plans will be financed by utilizing \$12,000,000 of the Facility’s cash reserves and a \$10,000,000 bond secured through Ingham County.

3. Special Transportation Millage

- a. *Resolution Authorizing the Second Amendment to the Agreement with the Capital Area Transportation Authority Dated January 1, 2016 through December 31, 2020*

This resolution authorizes the second amendment to the Special Transportation Millage agreement with CATA. When the current Special Transportation Millage scope of services agreement with CATA was authorized, it included the elimination of Williamston Redi Ride and Williamston-Webberville Connector services. This resolution restores service to Webberville and Williamston via the “Williamston-Webberville Connector.” The route will operate Monday through Friday 7:20 a.m. to 5:30 p.m. and Saturday from 7:30 a.m. to 5:10 p.m. There will be no Sunday service. The route will travel between downtown Webberville and the Meridian Mall and include Meijer – Okemos as a regular stop. Passengers may board at any CATA bus stop along the route and deviations will only be permitted within the city limits of Williamston. A regular, one-way fare will be \$2.25 or \$1.00 for discounted fares. CATA Rural Service (CRS) will continue to serve the area once this route begins. No additional funds are necessary from the annual allocation of Special Transportation Millage funds.

4. Community Agencies - Resolution Approving Criteria for Evaluating 2018 Applications for Community Agency Funding

This resolution establishes the criteria by which each agency’s application will be evaluated for the 2018 Community Agency funding process. If the resolution is approved as presented, the Controller/Administrator’s Office will accept applications for Community Agency funding in July. Applications will then be evaluated by the Controller/Administrator’s Office with priority given to proposals that directly contribute to addressing the County’s overarching long-term objective of “Meeting Basic Needs”, such as food, clothing, and shelter. The recommendations made by the Controller/Administrator’s Office on funding levels for each applicant agency will then be presented to the Board of Commissioners for consideration and approval in November.

OTHER ITEMS:

1. Health Department

- d. *Power of We Coordinator Position (Discussion)*

The Ingham County Health Department (ICHD) has held the Power of We (PoW) Coordinator position (#601366) vacant since December 2016 in anticipation of potential budget reductions and as a way to respond to a gap in financial support from member organizations. The PoW budget relies upon \$54,000 of support annually from member agencies, but these agencies were only able to contribute \$20,000 in FY 2016. The PoW Investor Steering Committee met in March and made a number of recommendations. Chief among those recommendations is to house the PoW within the Capital Area United Way (CAUW) which allows it to take a more regional approach to its outreach, data collection, and collaborative activities. This matches the footprint of a number of Power of We members and initiatives including Community Mental Health Authority of Clinton, Eaton, and Ingham, Tri-County Office on Aging, and the Healthy!Capital Counties Community Health Needs Assessment. Adopting these recommended changes will allow the work of the consortium to continue, eliminate the need for member agency contributions, and reduces ICHD’s General Fund allocation by \$55,782. These changes are reflected in ICHD’s 2018 budget request.

5. Human Services Committee – Greater Lansing Homeless Resolution Network Board Position (Discussion)

The member agencies of the Greater Lansing Homeless Resolution Network (GLHRN) have voted to create an appointed Board position for the Ingham County Board of Commissioners. Per the letter included in the agenda packet, and the authority granted by Board of Commissioners Resolution #16-266, the person appointed can join the GLHRN as soon as he/she is designated.

TO: Board of Commissioners Human Services & Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: May 10, 2017
SUBJECT: Resolution to Amend Resolution #15-325
For the meeting agendas of June 5, 2017 & June 7, 2017

BACKGROUND

Resolution #14-413 authorized a Healthy Start Project grant agreement with the U.S. Department of Health and Human Services (HHS)'s Division of Health Resources and Services Administration (HRSA) for the period of September 1, 2014 through May 31, 2019 in the amount of \$3,532,933. This resolution also authorized a subcontract with Michigan Public Health Institute (MPHI) for annual evaluations. Resolution #15-325 increased the amount designated for this subcontract from \$60,000 to \$70,000. For the 2017-18 contract period, MPHI has increased the cost for this annual evaluation to \$75,000, as they will now be completing quarterly reports in addition to the annual report.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

This resolution will increase the amount authorized for the evaluation subcontract with MPHI from \$70,000 to \$75,000. Funds are included in the FY 2017 budget for this purpose.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to amend Resolution #15-325 to authorize an increase to \$75,000 for the annual subcontracts with MPHI for the period of April 1, 2017 through March 31, 2019.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AMEND RESOLUTION #15-325 TO ADJUST THE AMOUNT AUTHORIZED FOR CONTRACTUAL SERVICES WITH MICHIGAN PUBLIC HEALTH INSTITUTE

WHEREAS, Resolution #14-413 authorized a Healthy Start Project grant agreement with the U.S. Department of Health and Human Services (HHS)'s Division of Health Resources and Services Administration (HRSA) for the period of September 1, 2014 through May 31, 2019 in the amount of \$3,532,933; and

WHEREAS, this resolution also authorized a subcontract with Michigan Public Health Institute (MPHI) for annual evaluations; and

WHEREAS, Resolution #15-325 increased the amount designated for this subcontract from \$60,000 to \$70,000; and

WHEREAS, for the 2017-18 contract period, MPHI has increased the cost for this annual evaluation to \$75,000, as they will now be completing quarterly reports in addition to the annual report; and

WHEREAS, funds are included in the FY 2017 budget for this purpose; and

WHEREAS, the Health Officer recommends approval to amend Resolution #15-325 to authorize an increase to \$75,000 for the annual subcontracts with MPHI for the period of April 1, 2017 through March 31, 2019.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an increase to \$75,000 for the annual subcontracts with MPHI for the period of April 1, 2017 through March 31, 2019.

BE IT FURTHER RESOLVED, that the Controller is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the County after approval as to form by the County Attorney.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING MARY ASHLEY

WHEREAS, Mary Ashley began her career with the Ingham County Health Department (ICHD) in September 2003 as a Family Child Infant Advocate with the Jump Start Family Outreach Program where she worked as a home visitor with the Early Head Start (EHS) program; and

WHEREAS, Mary's previous experiences as a home visitor with the Branch County Intermediate School District where she and her colleagues successfully implemented the Parents as Teachers program proved to be an asset to the EHS program; and

WHEREAS, in her role with EHS, Mary provided weekly home visits to pregnant women and families with young children for up to three years in order to prepare them to enter preschool; and

WHEREAS, Mary utilized a strengths-based approach to her work with families, providing education on child development, approaches to discipline, and developing support systems while also connecting those families to medical homes and monitoring health behaviors in order to track positive health outcomes for them; and

WHEREAS, Mary regularly utilized her endorsement from the Michigan Association of Infant Mental Health (MI-AIMH) to provide intensive case management services to families throughout Ingham County; and

WHEREAS, Mary's community connections involved working regularly with staff from both the Community Mental Health Authority and the Early On program which allowed her to provide coordinated services for high risk families and children; and

WHEREAS, Mary remains a tireless advocate for health equity and social justice issues for her families and our community, regularly participating in the Michigan Power to Thrive initiative through Action of Greater Lansing; and

WHEREAS, although Mary's kind and supportive nature, along with her willingness to help out any member of her team will be missed, the legacy of her work at ICHD, Family Outreach Services, EHS, and with women and families in our community will last many years; and

WHEREAS, after 13 years of dedicated service to the citizens of Ingham County, Mary Ashley retired on May 5th, 2017.

THEREFORE BE IT RESOLVED that the Ingham County Board of Commissioners hereby honors Mary Ashley for 13 years of dedicated service to the community and for the contributions she has made to ICHD.

BE IT FURTHER RESOLVED that the Board wishes her well in all of her future endeavors.

TO: Board of Commissioners Human Services, County Services, & Finance
Committees

FROM: Linda S. Vail, MPA, Health Officer

DATE: May 1, 2017

SUBJECT: Ingham County Health Department Community Health Center Reorganization
For the meeting agendas of May 15, 2017, May 16, 2017, & May 17, 2017

BACKGROUND

The Ingham Community Health Centers (ICHC) have been operating under a model that has a higher cost per patient than other Federally Qualified Health Centers or local primary care practices. Ingham County Health Department (ICHD) seeks a reorganization to achieve a more efficient staffing profile that supports each medical provider position with an appropriate ratio of support staff and centralized services through the conversion of vacant positions and realignment of existing staff. This model can be implemented in ICHC by taking advantage of currently vacant positions, staff retirements, and attrition to maintain high quality of care and allow for improved utilization and customer service.

The proposed reorganization has been evaluated by Human Resources and they have concurred with the recommendations. The proposed reorganization is contingent upon the Board of Commissioners' (BOC) authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA) and the Letter of Understanding with the United Automobile and Agricultural Implement Workers of America (UAW) regarding the change in the Medical Assistants job description to include medication administration. Authorization for this agreement and letter of understanding has already been sent to the BOC for approval. This reorganization will allow ICHD to use available resources to provide needed medical, dental, and behavioral health care to the maximum number of patients in the highest quality manner within a financial framework that supports long-term sustainability.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

ICHD will achieve an immediate cost savings of \$33,483 by implementing this reorganization. However, the staffing efficiencies gained through the proposed reorganization will result in more significant savings long term and increased access to care for more underserved county residents Overall, the proposal will result in added revenue, reduction in historical budget deficits, and improved long-term financial sustainability. The proposed changes are also expected to reduce the overall cost per patient for our existing medical scope of services

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution to authorize the proposed reorganization of ICHC operations within ICHD.

County of Ingham

HUMAN RESOURCES DEPARTMENT

5303 S. Cedar Street, Suite 2102
Lansing, MI 48911-3895

Administration: 517. 887.4327
Employee Services: 517.887.4373
517.887.4396
Internet: www.ingham.org

Employment: 517.887.4328
FAX Number:



TO: Russ Kolski, Deputy Health Officer
FROM: Joan Clous, Human Resources Specialist
DATE: 4/28/17
RE: Support for Reorganization

Per your request, Human Resources has reviewed the changes to the following position descriptions as part of the reorganization of the Health Department

Medical Assistant 1 which is appropriately placed within the UAW bargaining unit and compensated at the UAW salary range of D (\$32,080.14 - \$38,190.64). The UAW has been notified of the changes and they are in support of the changes to the job description and salary placement.

EHR Nurse/Trainer was evaluated and will be changed to Clinical Educator and will be appropriately placed within the MNA bargaining unit and compensated at the MNA salary range of 3 (\$56,864.05 - \$68,264.25). The MNA has been notified of the the changes and they are in support of the changes to the job description and salary placement.

Please use this memo as acknowledgement of Human Resources' participation and analysis of your proposed reorganization. You are now ready to complete the final step in the process: contact Budgeting, write a memo of explanation and prepare a resolution for Board approval.

If I can be of further assistance, please email or call me 887-4374.

Memorandum

To: Joan Clous, Ingham County Health Resource Specialist and
Russ Kolski, Deputy Health Officer, Community Health Centers Executive Director

From: Kathy Kacynski MS, RN President Ingham County Health Department Michigan Nurses' Association
(MNA) Bargaining Unit President

Subject: Clinical Educator Job Description and Lateral Job Transfer into newly created Clinical Educator Job
Description

Date: 04/28/2017

In my capacity as MNA bargaining unit president I have reviewed the attached Clinical Educator job description and support it going forward as written. It is understood by the MNA Bargaining Unit that this is a modification of a current job description, Electronic Health Records Nurse/Trainer and not a new position. Thank you for your attention in this matter.

From: Clous, Joan
Sent: Friday, April 28, 2017 9:14 AM
To: Scott, Anne
Cc: Kolski, Russell
Subject: FW: New Medical Assistant 1 JD

This is the email from the UAW with their endorsement of the changes to the job description for the MAs. Please include this with you packet to the Board for your Re-org.

Joan

From: Auer, Sally
Sent: Tuesday, April 18, 2017 3:20 PM
To: Clous, Joan
Subject: RE: New Medical Assistant 1 JD

The UAW is in agreement with the attached job description changes. Please note this job description applies to all new hires and those medical assistants that complete the HD training per the LOU regarding the administration of medications. All current medical assistants will stay in the old job description until such time.



*Sally Auer
Chairperson Ingham County Unit
UAW Local 2256
(517) 483-6209 – Office
(517) 574-6548 – Cellular*

From: Clous, Joan
Sent: Tuesday, April 18, 2017 12:02 PM
To: Auer, Sally
Subject: New Medical Assistant 1 JD

Sally,

Attached please find the medical assistant 1 JD that was discussed and will be part of the LOU. Please review and let me know if the UAW is in agreement with this job description.

Thanks

Joan Clous
Human Resources Specialist
517-887-4374 – Office
517-887-4396 – Fax

“Never have a battle of wits with an unarmed person.”

**INGHAM COUNTY
JOB DESCRIPTION
Clinical Educator**

General Summary:

Under the supervision of the Clinical Services Manager, provides and/or coordinates staff development and education for all non-provider clinical staff in the Ingham Community Health Centers. Fosters standardization and excellent customer service through initial staff clinical orientation, ongoing staff education and annual staff competency assessment. Acts as a model of professional behavior and collaborates with supervisory and quality department staff to integrate the Patient Centered Medical care into all support staff activities.

Essential Functions:

1. Coordinate all aspects of clinical education for all non-provider clinical support staff. Assess patient care given by non-provider clinical staff and develop staff education/development plans based on assessment.
2. Coordinate and provide new employee clinical orientation and in-service education, which includes participating in the development, review and editing of orientation content, as well as training related to standardized clinical and Patient Centered Medical Home (PCMH) workflow.
3. Document non-provider clinical staff orientation as needed for new assignments, transfers or refreshers. Record skills assessed and trained using a standardized tool documenting competency, as well as any other training needs identified. Communicate identified training challenges and needs to the appropriate Ingham Community Health Center Supervisor as needed.
4. Participate in the ongoing development and maintenance of a preceptor program at health centers for non-provider clinical staff.
5. Coordinate annual non-provider clinical staff assessment, training and documentation to ensure competency and training compliance for regulatory or accreditation purposes.
6. Create and maintain evidence-bases education materials as needed for new employee clinical orientation and clinical training.
7. Maintain clinical competency in order to provide up-to-date and relevant clinical education.
8. Complete all trainings mandated by the county for this position, including but not limited to, use of NextGen and designated HealthStream courses.

Other Functions:

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPAA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to, but not limited, to those in his/her job description.

(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)

Employment Qualifications:

Education: A Bachelor's Degree in Nursing and 2 years of clinical experience.

OR

An Associate's Degree in Nursing and 3 years of clinical experience.

Experience: Six months experience using an electronic health record system is also preferred.

Other Requirements: Must possess a current license to practice as a Registered Nurse in the State of Michigan.

(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria)

Working Conditions:

1. This position works in an indoor environment. There is no planned exposure to prominent lights, noises, odors, temperatures or weather conditions.
2. This position is required to travel between health centers for trainings and meetings.

Physical Requirements

1. This position requires the ability to sit, stand, traverse, lift, carry, push, pull, reach, grasp, handle, pinch, type and, endure repetitive movements of the wrists, hands or fingers.
2. This position's physical requirements require continuous stamina in sitting, typing and enduring repetitive movements of the wrists, hands or fingers. This position's physical requirements require regular stamina in traversing, grasping and handling. This position's physical requirements require little to no stamina in standing, lifting, carrying, pushing, pulling, reaching and pinching.
3. This position performs light work requiring the ability to exert 20 pounds or less of force in the physical requirements above.
4. This position primarily requires close visual acuity to perform tasks within arm's reach such as: viewing a computer screen, using measurement devices, inspecting and assembling parts, etc.
5. This position requires the ability to communicate and respond to inquiries both in person and over the phone.
6. This position requires the ability to operate a PC/laptop and to enter & retrieve information from a computer.
7. This position requires the ability to handle varying and often high levels of stress.

(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)

April 27, 2017
MNA 3

**INGHAM COUNTY
JOB DESCRIPTION
MEDICAL ASSISTANT I**

General Summary: Under the supervision of a Health Center Supervisor, assists health care providers with examinations and procedures to ensure an expeditious flow of patients through the clinic. Upon direction of the provider conducts various tests to identify health problems in patients. May determine eligibility for center services. Tasks include conducting initial interviews, preparing patients for examinations, administering medications, injections and standardized tests, and recording results.

Essential Functions:

9. Receives patients and their families at a health center or screening site. Coordinates initial interview, gathers background information, and assists in the completion of various forms and applications. Answers routine questions regarding operations and related services.
10. Prepares patients for examination by escorting them to examination rooms, documenting complaints and symptoms. Taking vital signs including temperature, blood pressure, pulse and pulse oximetry. Measures height, weight and pediatric head circumference. Records vital statistics and relevant visit information in patient electronic health record (EHR).
11. Arranges for specialized testing, medical procedures and specialist referrals. Completes necessary paperwork and EHR documentation, contacts specialist's offices, hospitals, labs or other facilities to make appointments as needed. Contacts patients or caregivers to inform them of appointments. Completes paperwork, notifies patients or caregivers and assists in tracking of referrals to ensure necessary care is completed. Forwards to proper personnel to complete referral authorizations as needed.
12. Administers standardized tests or performs procedures ordered by providers such as developmental screening, EKGs, peak flow meter testing, ear irrigations and vision/hearing tests.
13. Assist health care professionals conducting medical examinations as required.
14. Collects specimens such as blood, urine and throat swabs per provider and/or standing order upon proof of competency. Collects or receives samples and conducts CLIA Waived tests per Ingham Community Health Center (IHC) quality assurance training and documents within EHR. May prepare specimens to be sent to outside laboratories.
15. Administers medications and injections safely following established standards, policies and procedures.
16. Documents all care and communication within the EHR per training and established procedure.
17. Provides care following established procedure under the Patient-Centered Medical Home model of care.
18. Prepares assigned clinic area for daily activities to meet provider and patient needs according to established protocols and established checklists. Order materials, supplies, medications, vaccines, test kits and other items needed.
19. Assists other support staff as necessary and performs a variety of clerical, record keeping and account keeping assignments.
20. Provides all care and communication according to the Health Department Core Values.
21. Attends staff meetings and trainings as assigned.

Other Functions:

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPAA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to, but not limited, to those in his/her job description.

(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)

Employment Qualifications:

Education: Possession of a high school diploma or equivalent. Graduation from a recognized Medical Assistant program and certification as a Medical Assistant such that they meet the federal guidance for Meaningful Use compliance. Current CPR training must be maintained during employment.

Experience: Prefer six months experience in a clinic setting.

Other Requirements:

- This position requires the ability to communicate and respond to inquiries both in person and over the phone.
- This position requires the ability to operate a PC/laptop and to enter & retrieve information from a computer.
- This position requires the ability to handle varying and often high levels of stress.

(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria)

Working Conditions:

1. This position works in an indoor environment. There is no planned exposure to prominent lights, noises, odors, temperatures or weather conditions.
2. This position operates non-powered hand tools such as medical equipment, etc.
3. This position is exposed to communicable diseases, blood, other body fluids, etc.
4. This position is exposed to individuals in crisis. These individuals may suffer from mental or emotional illness, have violent tendencies or be unconcerned with their personal safety and hygiene.

Physical Requirements:

- This position requires the ability to sit, stand, walk, traverse, climb, balance, twist, bend, stoop/crouch, squat, kneel, crawl, lift, carry, push, pull, reach, grasp, handle, pinch, type, endure repetitive movements of the wrists, hands or fingers.
- This position's physical requirements require little to no stamina in traversing, climbing, balancing, squatting, kneeling and crawling.
- This position's physical requirements require periodic stamina in sitting, twisting, bending, stooping/crouching, lifting, pushing and pulling
- This position's physical requirements require continuous stamina in standing, walking, carrying, reaching, grasping, handling, pinching, typing, enduring repetitive movements of the wrists, hands or fingers
- This position performs light work requiring the ability to exert 20 pounds or less of force in the physical requirements above.
- This position primarily requires close visual acuity to perform tasks within arm's reach such as: viewing a computer screen, using measurement devices, inspecting and assembling parts, etc.

(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)

Introduced by the Human Services, County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE THE REORGANIZATION OF THE INGHAM COUNTY HEALTH DEPARTMENT COMMUNITY HEALTH CENTERS

WHEREAS, the Ingham Community Health Centers (IHC) have been operating under a model that has a higher cost per patient than other Federally Qualified Health Centers or local primary care practices; and

WHEREAS, Ingham County Health Department (ICHD) seeks a reorganization to achieve a more efficient staffing profile that supports each medical provider position with an appropriate ratio of support staff and centralized services through the conversion of vacant positions and realignment of existing staff; and

WHEREAS, this reorganization will allow ICHD to use available resources to provide needed medical, dental, and behavioral health care to the maximum number of patients in the highest quality manner within a financial framework that supports long-term sustainability; and

WHEREAS, ICHD will achieve an annual cost savings of \$33,483 by implementing this reorganization and also expects to reduce the overall cost per patient for their existing scope of services; and

WHEREAS, the proposed reorganization has been evaluated by Human Resources which has concurred with the recommendations and the affected bargaining groups have been notified and provided documentation; and

WHEREAS, the proposed reorganization is contingent upon the Board of Commissioners' authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA) and the Letter of Understanding with the United Automobile and Agricultural Implement Workers of America (UAW) regarding the change in the Medical Assistants job description to include medication administration; and

WHEREAS, the staffing efficiencies gained through the proposed reorganization will result in improved care delivery to more underserved county residents which will result in added revenue, reduction in historical budget deficits, and improved long-term financial sustainability; and

WHEREAS, the proposed changes are also expected to reduce the overall cost per patient for our existing medical scope of services and will allow ICHD to achieve an immediate cost savings of \$33,483; and

WHEREAS, the Health Officer recommends that the Board of Commissioners accept the proposed IHC reorganization and authorize the resulting position conversions and establishment of positions.

THEREFORE BE IT RESOLVED, that the Board of Commissioners approves the following position conversion:

Position #	Current Title	New Title
601442	EHR Nurse Trainer	Nurse Clinical Educator

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the conversion of existing vacant positions to new Medical Assistant I positions:

Position #	Current Title, Union, Pay Grade, & Max Salary (w/Benefits)	New Title, Union, Pay Grade, & Max Salary (w/Benefits)	Cost Savings
601269	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601430	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601196	Health Center Nurse, 1.0 FTE MNA 1, \$59,883 (\$94,899 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$25,256)
601234	Nurse Assessor, 1.0 FTE MNA 2, \$62,582 (\$97,498 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$27,855)
601451	Nurse Case Manager, 0.5 FTE ICEA PHN 3, \$33,791 (\$52,370 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	\$17,273
601466	PCMH Coordinator, 1.0 FTE MNA 3, \$61,715 (\$86,419 w/benefits)	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	(\$16,776)

BE IT FURTHER RESOLVED, that Board of Commissioners authorizes the following position be established from the cost savings gained through the above mentioned position conversions:

Position #	Current Title, Union, Pay Grade, & Max Salary (w/Benefits)	New Title, Union, Pay Grade, & Max Salary (w/Benefits)	Cost Savings
New	N/A	Medical Assistant I, 1.0 FTE UAW D, \$38,191 (\$69,643 w/benefits)	\$69,643

BE IT FURTHER RESOLVED, that the authorization of the reorganization is contingent upon the Board of Commissioners' authorization of the Grievance Settlement Agreement with the Michigan Nurses Association (MNA) and the Letter of Understanding with the United Automobile and Agricultural Implement Workers of America (UAW) regarding the change in the job description of Medical Assistants to include medication administration.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make the necessary adjustments to the budget and position allocation list in accordance with this resolution.

TO: Board of Commissioners Human Services Committee
FROM: Linda S. Vail, MPA, Health Officer
DATE: May 22, 2017
SUBJECT: Power of We Coordinator Position Discussion
For the meeting agenda of June 6, 2017

The Ingham County Health Department (ICHD) has held the Power of We (PoW) Coordinator position (#601366) vacant since December 2016 in anticipation of potential budget reductions and as a way to respond to a gap in financial support from member organizations. The PoW budget relies upon \$54,000 of support annually from member agencies, but these agencies were only able to contribute \$20,000 in FY 2016.

To address these concerns, the PoW Investor Steering Committee met in March 2017 to discuss proposed changes to how PoW is staffed and structured, keeping the following goals in mind:

1. Maintain vital community services and increase the capacity of coalitions and agencies.
2. Fulfill any requirements and obligations for a county multi-purpose collaborative body.
3. Expand the reach and focus of the network to include other regional partners.
4. Provide a venue for informing, learning, and collaborating.

The Investor Steering Committee made the following recommendations:

1. Move the PoW operations (with the exception of the AmeriCorps programs) from ICHD to Capital Area United Way (CAUW).
2. Convene the PoW Investor Steering Committee quarterly to:
 - Articulate a shared vision to improve outcomes for children and families;
 - Develop strategies and programs to meet current and future needs;
 - Fiscally manage state-funded collaborative initiatives;
 - Monitor the effectiveness and efficiency of collaborative projects;
 - Facilitate the development of comprehensive cross-system projects and coalitions to address needs on a coordinated, regional basis; and
 - Serve as Ingham County's multi-purpose collaborative body when needed.
3. Convene the PoW General Membership Committee bi-monthly.
4. Reinvigorate PoW Committees including the Leadership and Practice committee and the Community Data committee.

Housing the PoW within CAUW allows it to take a more regional approach to its outreach, data collection, and collaborative activities. This matches the footprint of a number of Power of We members and initiatives including Community Mental Health Authority of Clinton, Eaton, and Ingham, Tri-County Office on Aging, and the Healthy!Capital Counties Community Health Needs Assessment. Adopting these recommended changes will allow the work of the consortium to continue, eliminate the need for member agency contributions, and reduces ICHD's General Fund allocation by \$55,782. These changes are reflected in ICHD's 2018 budget request.

Agenda Item 2a and 2b

TO: Board of Commissioners Human Services, County Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

DATE: May 24, 2017

SUBJECT: Medical Care Facility Resolutions
For the meeting agenda of June 5, 2017, June 6, 2017 and June 7, 2017

BACKGROUND

The two attached resolutions both pertain to the expansion and renovation of the Ingham County Medical Care Facility.

The first resolution amends resolution #15-79 to authorize the renovation and expansion. This resolution is necessary because of a change in the scope of the project, as well as the project cost and amount to be bonded through Ingham County. The attached memorandum from Medical Care Facility Director Mark Stevens provides greater detail.

The second resolution declares the County's official intent to issue bonds in the aggregate principal amount not to exceed \$10,000,000 to finance the costs of the project. The County will be reimbursed by the Medical Care Facility for all costs associated with the bonds.

ALTERNATIVES

The alternative would be to do nothing, and leave the Medical Care Facility as it is. However, this would significantly impact the Facility's ability to meet the needs of the senior population, and evolve with the ongoing changes in health care.

FINANCIAL IMPACT

The amended expansion and renovation plans of the Medical Care Facility will be implemented at a cost not to exceed \$22,000,000. The plans will be financed by utilizing \$12,000,000 of the Facility's cash reserves and a \$10,000,000 bond secured through Ingham County.

OTHER CONSIDERATIONS

None.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolutions.

At a regular meeting of the Board of Commissioners of the County of Ingham, Michigan, held on the ____ of _____, 2017.

PRESENT: _____

ABSENT: _____

The following resolution was offered by _____ and seconded by _____:

WHEREAS, the County of Ingham (the "County") proposes to issue its tax-exempt bonds (the "Bonds") to finance all or part of the cost of acquiring, constructing and equipping an approximately 61,600 square foot addition to the existing Ingham County Medical Care Facility located at 3860 Dobie Road, Okemos, Michigan 48864, to be located on the southeast corner of the medical care facility's 110 acre campus, and the renovation and equipping of the existing medical care facility (together, the "Project"); the Project will provide for the transfer of 48 rehabilitation beds, the addition of 64 private rooms, and the renovation of the entire long-term care portion of the Facility, for use by the Ingham County Medical Care Facility to provide long term care, rehabilitation services and memory care and related services; and

WHEREAS, it is not anticipated that the County, through the Ingham County Medical Care Facility, will need to advance a portion of the costs of the Project prior to the issuance of the Bonds, but if such advance were to be required, it will be repaid from proceeds of the Bonds upon the issuance thereof; and

WHEREAS, Section 1.150-2 of the Treasury Regulations on Income Tax (the "Reimbursement Regulations") specifies conditions under which a reimbursement allocation may

be treated as an expenditure of bond proceeds, and the County intends by this resolution to qualify amounts advanced by the County to the Project for reimbursement from proceeds of the Bonds in accordance with the requirements of the Reimbursement Regulations.

BE IT RESOLVED by the Board of Commissioners of the County, as follows:

1. The County hereby declares its official intent to issue its bonds in one or more series in the aggregate principal amount of not to exceed \$10,000,000 to finance the costs of the Project. The County hereby declares that it reasonably expects to seek reimbursement for its advances to the Project as anticipated by this resolution. The bonds shall be authorized by proper proceedings subsequent to this resolution.

2. The County Clerk is hereby instructed to publish the notice attached hereto once in a newspaper of general circulation in the County, which notice shall not be less than ¼ page in size in such newspaper, with such changes as the County Clerk shall deem necessary or appropriate, upon the advice of bond counsel.

3. All prior resolutions and parts of resolutions insofar as they may be in conflict herewith are hereby rescinded.

YEAS: _____

NAYS: _____

STATE OF MICHIGAN)
)ss
COUNTY OF INGHAM)

I hereby certify that the foregoing is a true and complete copy of a resolution adopted at a regular meeting of the Board of Commissioners of the County of Ingham, Michigan, held on the ___ day of _____, 2017, the original of which is on file in my office.

IN WITNESS WHEREOF, I have hereunto affixed my official signature this ___ day of _____, 2017.

Clerk, County of Ingham

Note: This notice must be not less than 1/4 page in size in the newspaper.

NOTICE OF INTENT TO ISSUE BONDS
BY THE COUNTY OF INGHAM, MICHIGAN
AND THE RIGHT OF REFERENDUM THEREON

NOTICE IS HEREBY GIVEN that the County of Ingham, Michigan, intends to issue its bonds in the principal amount of not to exceed \$10,000,000 in one or more series for the purpose of defraying costs of acquiring, constructing and equipping an approximately 61,600 square foot addition to the existing Ingham County Medical Care Facility located at 3860 Dobie Road, Okemos, Michigan 48864, to be located on the southeast corner of the medical care facility's 110 acre campus, and the renovation and equipping of the existing medical care facility (together, the "Project"); the Project will provide for the transfer of 48 rehabilitation beds, the addition of 64 private rooms, and the renovation of the entire long-term care portion of the Facility, for use by the Ingham County Medical Care Facility to provide long term care, rehabilitation services and memory care and related services; and

The bonds will mature within the maximum term permitted by law and will bear interest at a rate or rates to be determined at a competitive or negotiated sale but in no event to exceed such rates as may be permitted by law.

SOURCE OF PAYMENT

The bonds will be issued under and pursuant to the provisions of Act No. 34, Public Acts of Michigan, 2001, as amended, and will be payable in the first instance from revenues generated from services provided by the Ingham County Medical Care Facility (the "MCF Revenues"). In addition, the full faith and credit of the County of Ingham will be pledged to pay the principal of and interest on the bonds as the same shall become due. The County of Ingham will be obligated, as a first budget obligation, to advance moneys from its general funds or to levy ad valorem taxes on all taxable property within its corporate boundaries to pay the principal of and interest on the bonds as the same shall become due to the extent that the MCF Revenues are not sufficient for such purpose; provided, however, that the amount of taxes necessary to pay the principal and interest on the bonds, together with the taxes levied for the same year, shall not exceed the limit authorized by law.

RIGHT TO PETITION FOR REFERENDUM

This notice is given, by order of the Board of Commissioners of the County of County, to and for the benefit of the electors of the County of County in order to inform them of their right to petition for a referendum upon the question of the issuance of the aforesaid bonds. The bonds will be issued, without submitting such a question to a vote of the electors, unless within 45 days after the date of publication of this notice a petition requesting a referendum upon such question,

signed by not less than 10% or 15,000 of the registered electors residing within the County of Ingham, whichever is the lesser, shall have been filed with the undersigned County Clerk. In the event that such a petition is filed, the bonds will not be issued unless and until the issuance thereof shall have been approved by the vote of a majority of the electors of the County of Ingham qualified to vote and voting thereon at a general or special election.

FURTHER INFORMATION

Further information relative to the issuance and purpose of said bonds and the subject matter of this notice may be secured at the office of the County Clerk of the County of Ingham, 341 S. Jefferson, P.O. Box 179, Mason, Michigan 48854.

This notice is given pursuant to the provisions of Act 34, Public Acts of Michigan, 2001, as amended.

Barb Byrum, Clerk
County of Ingham

LANSING 9425-7 522324v2

May 16, 2017

Sarah Anthony, Chairperson
Ingham County Board of Commissioners
Box 319
Mason, MI 48854

Re: Ingham County Medical Care Facility

Dear Ms. Anthony,

The Medical Care Facility and the Ingham County Department of Health and Human Services Board is requesting that the Ingham County Board of Commissioners authorize an amendment to its March 10, 2015 resolution authorizing the Medical Care Facility's expansion and renovation plans. The estimates of the costs for the Medical Care Facility's initial plans proved to be significantly understated resulting in the necessity of the Medical Care Facility reevaluating its plans.

The Medical Care Facility's current expansion and renovation plans consist of two (2) phases:

1. Phase I. The addition of a 61,607 square foot, 48 bed rehabilitation center consisting of: (1) private rooms and private bathrooms; (2) enhanced bariatric services; (3) a therapy gym; (4) an outpatient therapy clinic; (5) a therapeutic activities area; (6) fine dining/restaurant style services; (7) beauty shop/spa; (8) additional office space; (9) storage space; (10) a community meeting room; and (11) an additional driveway and parking lot.
2. Phase II. The renovation of the entire long-term care portion of the Facility to better meet the senior populations' growing expectations for person-centered care, resulting in an additional sixteen (16) private rooms and private bathrooms.

The Medical Care Facility's plans will result in establishing an additional sixty-four (64) private rooms and private bathrooms, taking the Medical Care Facility from forty-eight (48) private rooms and private bathrooms to one-hundred twelve (112).

The Medical Care Facility's addition and renovation plans will cost \$22,000,000. The project would be funded by utilizing \$12,000,000 of the Medical Care Facility's cash reserves and a \$10,000,000 bond secured through Ingham County. The costs of the Medical Care Facility's current plans are based on actual bids, not estimates.

I am available to meet with Ingham County's Board of Commissioners to answer any questions or to further discuss the Medical Care Facility's plans. Thank you for your consideration to authorize an amendment to the March 10, 2015 resolution.

Sincerely,

Mark H. Stevens
Administrator

Introduced by the Human Services, County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AMEND RESOLUTION # 15 – 79 AUTHORIZING EXPANSION AND RENOVATION OF THE INGHAM COUNTY MEDICAL CARE FACILITY

WHEREAS, the Ingham County Department of Health and Human Services Board is requesting that the Ingham County Board of Commissioners authorize an amendment to its March 10, 2015 resolution authorizing the Medical Care Facility's expansion and renovation plans; and

WHEREAS, the Ingham County Department of Health and Human Services Board believes that the expansion and renovation will assist the Facility in meeting the expanding and competitive needs of a growing, diverse senior population; and

WHEREAS, the Ingham County Department of Health and Human Services Board believes that the expansion and renovation will assist the Facility in meeting the expectations and ongoing changes contained within Healthcare Reform; and

WHEREAS, the Ingham County Department of Health and Human Services Board believes that the expansion and renovation will assist the Facility with the growing physical plant needs associated with the Facility's 39 year old building; and

WHEREAS, the Facility's plans will assist the Facility to continually operate in a financially self-sufficient manner without the need for Ingham County General Fund support; and

WHEREAS, the Facility has a two (2) phase expansion and renovation plan:

3. Phase I. The addition of a 61,607 square foot, 48 bed rehabilitation center consisting of: (1) private rooms and private bathrooms; (2) enhanced bariatric services; (3) a therapy gym; (4) an outpatient therapy clinic; (5) a therapeutic activities area; (6) fine dining/restaurant style services; (7) beauty shop/spa; (8) additional office space; (9) storage space; (10) a community meeting room; and (11) an additional driveway and parking lot.
4. Phase II. The renovation of the long-term care portion of the Facility to better meet the senior populations' growing expectations for person-centered care; and

WHEREAS, the Facility's plans advance both the Ingham County Board of Commissioners and the Ingham County Department of Health and Human Services Board's identified policy areas:

1. Promoting accessible health care.
2. Maintaining and expanding access to health care for Ingham County residents.
3. Assisting in meeting basic needs.
4. Providing the very best health care services to the residents of Ingham County.
5. Directing resources towards maintenance of and reinvestment in existing assets.
6. Improving lives.
7. Fostering economic well-being.
8. Expanding essential programs and services.

9. Pursuing focused clinical growth to enhance access to care, and meet evolving health needs.
10. Improving financial health to support success.
11. Providing superior quality personalized care.
12. Providing environments that are welcoming, warm, safe, secure and alive with natural beauty.
13. Providing access to cost effective care while promoting innovations in the continuity of care.
14. Providing value to residents, patients, staff, and the community.
15. Meeting the area's senior market's growing demand for personalized service.
16. Utilizing space in a financially beneficial manner; and

WHEREAS, the Facility's operational costs associated with the Facility's plans will be funded through a combination of Medicaid, Medicare, third party payers and private payers; and

WHEREAS, the cost of the project will be paid for by utilizing \$12,000,000 of the Facility's cash reserves which has a balance as of March 31, 2017 of \$15,140,000 and a \$10,000,000 bond secured through Ingham County.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the Ingham County Department of Health and Human Services Board to implement the amended expansion and renovation plans of the Medical Care Facility at a cost not to exceed \$22,000,000.

BE IT FURTHER RESOLVED, the Facility's expansion and renovation be financed by utilizing \$12,000,000 of the Facility's cash reserves and a \$10,000,000 bond secured through Ingham County.

BE IT FURTHER RESOLVED, that the project will be conducted in accordance with Ingham County policies regarding the payment of Prevailing Wages and adherence to Equal Opportunity/Non-Discrimination Policies.

TO: Board of Commissioners Human Services and Finance Committees
FROM: Jared Cypher, Deputy Controller
DATE: May 24, 2017
SUBJECT: Amendment #2 to the Special Transportation Millage Agreement with CATA
For the meeting agenda of June 5, 2017 and June 7, 2017

BACKGROUND

When the current Special Transportation Millage scope of services agreement with CATA was authorized, it included the elimination of Williamston Redi Ride and Williamston-Webberville Connector services. This resolution restores service to Webberville and Williamston via the “Williamston-Webberville Connector.” The route will operate Monday through Friday 7:20 a.m. to 5:30 p.m. and Saturday from 7:30 a.m. to 5:10 p.m. There will be no Sunday service. The route will travel between downtown Webberville and the Meridian Mall and include Meijer – Okemos as a regular stop. Passengers may board at any CATA bus stop along the route and deviations will only be permitted within the city limits of Williamston. A regular, one-way fare will be \$2.25 or \$1.00 for discounted fares. CATA Rural Service (CRS) will continue to serve the area once this route begins.

ALTERNATIVES

The alternative is the status quo, keeping the Williamston Redi-Ride and Williamston-Webberville Connector services discontinued, with those riders reliant on CATA’s rural service.

FINANCIAL IMPACT

No additional funds are necessary from the annual allocation of Special Transportation Millage funds.

OTHER CONSIDERATIONS

This revision to the 2016-2017 scope of services was approved by the CATA Board at their meeting on May 17.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING THE SECOND AMENDMENT TO THE AGREEMENT WITH THE CAPITAL AREA TRANSPORTATION AUTHORITY DATED JANUARY 1, 2016 THROUGH DECEMBER 31, 2020

WHEREAS, an agreement was authorized with the Capital Area Transportation Authority for the period ending December 31, 2020; and

WHEREAS, in August 2010, the electorate approved a countywide public transportation millage level of 48/100 (.48) of one mill to be used for the purpose of funding a transportation system to be used primarily by elderly and disabled persons in Ingham County; and

WHEREAS, in August 2012, the electorate approved an additional 12/100 (.12) of one mill to ensure that the current level of service can still be provided; and

WHEREAS, the Board of Commissioners envisioned that the revenues generated as a result of the millage levy would be turned over to the Capital Area Transportation Authority and be used to provide the transportation service; and

WHEREAS, the current 2016/2017 scope of services with CATA for the Special Transportation Millage includes language that states CATA will no longer operate the Williamston Redi Ride and Williamston-Webberville Connector services due to low demand; and

WHEREAS, on or around July 10, 2017, CATA will resume service to Webberville and Williamston via the "Williamston-Webberville Connector."

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves an amendment to the agreement with the Capital Area Transportation Authority (CATA) which authorizes the County to pay CATA the expenses incurred for providing a public transportation system to be used primarily by elderly and disabled persons in Ingham County from revenue generated as a result of the countywide public transportation millage.

BE IT FURTHER RESOLVED, that for the period October 1, 2016 through September 30, 2017 the County shall reimburse CATA as set forth in the attached Scope of Services, which replaces the scope of services previously authorized by Board of Commissioners resolution 16-361.

BE IT FURTHER RESOLVED, the Chairperson of the Board and the County Clerk are hereby authorized to sign the appropriate agreements and documents necessary to implement the above, subject to approval as to form by the County Attorney.

Exhibit A

INGHAM COUNTY PROPOSED SCOPE OF SERVICE

For October 1, 2016 through September 30, 2017

CATA shall carry out the following activities with respect to small bus transportation primarily serving elderly and disabled residents of Ingham County:

1. Take all reasonable steps to improve the quality of small bus service primarily serving the elderly and residents with disabilities of Ingham County. CATA shall constantly strive to develop methods to provide such services in more cost efficient ways.
2. Manage and operate the small bus system commonly known as CATA Rural Services (CRS), providing a minimum of 79 hours per day of service to the residents of Ingham County who reside outside of the boundaries of the urbanized area. Service shall be provided in conformity with the requirements of the state and federal grants received for the operation of the service. A maximum of \$747,452 of funds received under this agreement shall be used to pay for the actual expenses of operating, administering and marketing CATA Rural Services.
3. Continue to operate service for persons with disabilities, known as CATA Spec-Tran, providing at a minimum the level of service in effect on October 1, 1988, to residents of Ingham County who reside within the boundaries of the urbanized area and who further qualify for this specialized service by nature of their mobility-related disabilities. Services shall be provided in conformity with state and federal requirements and grants received for the operation of the service. A maximum \$3,426,475 of the funds received under this Agreement shall be used to pay the actual expenses of operating, administering and marketing Spec-Tran.
4. The amount of \$119,044 shall be retained by the County for the operation of a vehicle used to transport area veterans to VA Hospitals in the region in the County's 2017 Fiscal Year. CATA has no responsibility for this service and does not participate in its operation or funding.
5. On or around July 10, 2017, CATA will resume service to Webberville and Williamston via the "Williamston-Webberville Connector." The route will operate Monday through Friday 7:20 a.m. to 5:30 p.m. and Saturday from 7:30 a.m. to 5:10 p.m. There will be no Sunday service. The route will travel between downtown Webberville and the Meridian Mall and include Meijer – Okemos as a regular stop. Passengers may board at any CATA bus stop along the route and deviations will only be permitted within the city limits of Williamston. A regular, one-way fare will be \$2.25 or \$1.00 for discounted fares. CATA Rural Service (CRS) will continue to serve the area once this route begins.

TO: Board of Commissioners Human Services and Finance Committees
FROM: Jared Cypher, Deputy Controller
DATE: May 25, 2017
SUBJECT: Resolution Approving Criteria for Evaluating 2018 Community Agency Funding Applications
For the meeting agendas of June 5 and June 7

BACKGROUND

This resolution establishes the criteria by which each agency’s application will be evaluated for the 2018 Community Agency funding process.

If the resolution is approved as presented, the Controller/Administrator’s Office will accept applications for Community Agency funding in July. Applications will then be evaluated by the Controller/Administrator’s Office with priority given to proposals that directly contribute to addressing the County’s overarching long-term objective of “Meeting Basic Needs”, such as food, clothing, and shelter.

The recommendations made by the Controller/Administrator’s Office on funding levels for each applicant agency will then be presented to the Board of Commissioners for consideration and approval in November.

ALTERNATIVES

One alternative would be to have no criteria, and accept applications for a variety of different types of initiatives. Another alternative is for the Board of Commissioners to go back to the old way of awarding funding, which was to have agencies come to the Human Services Committee and make presentations on Community Agency night.

FINANCIAL IMPACT

This resolution has no direct financial impact.

OTHER CONSIDERATIONS

The community agency process has grown to 30 applications requesting funding, with total requests of approximately \$342,000 annually.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution approving criteria for evaluating 2018 community agency funding applications.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION APPROVING CRITERIA FOR EVALUATING 2018 APPLICATIONS
FOR COMMUNITY AGENCY FUNDING**

WHEREAS, since 1978, the Ingham County Board of Commissioners has provided financial support to various non-profit community organizations that provide a broad range of services for the purpose of advancing the County's adopted long-range objectives; and

WHEREAS, over the years the community agency process has grown to 30 applications requesting funding, with total requests of approximately \$342,000 annually; and

WHEREAS, the Ingham County Board of Commissioners desires to make the process of awarding community agency funding efficient and effective; and

WHEREAS, the Ingham County Board of Commissioners desires to continue the Community Agency application process, focusing on the long term goal of assisting Ingham County residents in meeting basic needs.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the 2018 community agency funding process, with priority given to those proposals that directly contribute to addressing the County's overarching long-term objective of "Meeting Basic Needs", such as food, clothing, and shelter.

BE IT FURTHER RESOLVED, the Controller/Administrator is authorized to evaluate and determine funding levels for each applicant as a recommendation for approval by the Human Services Committee.

BE IT FURTHER RESOLVED, no agency shall receive more than 10% of the total available funding for community agencies in FY 2018.

BE IT FURTHER RESOLVED, the Board of Commissioners wishes for applicants to understand that solicitation of proposals is not a commitment to fund those proposals in fiscal year 2018.

GREATER LANSING HOMELESS RESOLUTION NETWORK



743 N Martin Luther King Jr Blvd
Lansing, MI 48915
517-292-2940

Jared Cypher
Deputy Controller
County Courthouse
P. O. Box 319
Mason, MI 48854
(517) 676-7229

May 18, 2017

Mr. Cypher,

The Greater Lansing Homeless Resolution Network (GLHRN) would like to invite the Ingham County Commissioners to designate a representative to the GLHRN Board. During our April Network meeting, our member agencies unanimously voted to create an appointed board position for the Ingham County Commissioners, in an effort to continue to strengthen the connection between GLHRN and the County Commissioners. This representative could be whomever the Commissioners believe would represent them most effectively, and would join the GLHRN Board as soon as he or she is designated.

Our Board meets monthly on the last Tuesday of the month, typically at 9 am at the City Rescue Mission's Maplewood shelter. As our board is a working board, the appointed board member would be invited to attend other GLHRN meetings, according to the member's schedule and interest, of course. More information on our other meetings can be found on our website (glhrn.org) or by contacting our coordinator (coordinator@glhrn.org).

GLHRN has long valued the Commissioners' dedication and efforts in helping those most vulnerable in Ingham County, and we look forward to working even closer in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Dade".

Sharon Dade
GLHRN Chair

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION SUPPORTING THE GREATER LANSING HOMELESS RESOLUTION NETWORK

RESOLUTION # 16 – 266

WHEREAS, the Greater Lansing Homeless Resolution Network (GLHRN) is a group of over 25 agencies devoted to ending homelessness in the Lansing area by working collectively to address its causes; and

WHEREAS, GLHRN is the continuum of care for Ingham County, meaning that GLHRN is where local agencies come together to collaborate and coordinate information, services, and resources; and

WHEREAS, in a presentation made to the Human Services Committee it was indicated that increased commitment and support from the Ingham County Board of Commissioners was necessary to leverage the maximum amount of federal funding for the region.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners supports the efforts of the Greater Lansing Homeless Resolution Network to end homelessness in the Lansing area.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners intends to make an appointment to represent Ingham County on the GLHRN Board.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the County after approval as to form by the County Attorney.

HUMAN SERVICES: Yeas: McGrain, Tennis, Koenig, Nolan, Hope, Case Naeyaert
Nays: None **Absent:** Banas **Approved 6/06/2016**